

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/552473

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/									51			
2		/								52			
3		/								53			
4		/								54			
5		/								55			
6										56			
7		/								57			
8		/								58			
9										59			
10		/								60			
11		/								61			
12		/								62			
13		/								63			
14	/									64			
15		/								65			
16	/									66			
17	/									67			
18	/									68			
19	/									69			
20					/					70			
21					/					71			
22						/				72			
23						/				73			
24						/				74			
25					/	/				75			
26						/				76			
27						/				77			
28						/				78			
29						/				79			
30						/				80			
31						/				81			
32						/				82			
33						/				83			
34						/				84			
35						/				85			
36						/				86			
37						/				87			
38						/				88			
39						/				89			
40						/				90			
41						/				91			
42						/				92			
43						/				93			
44						/				94			
45						/				95			
46						/				96			
47						/				97			
48						/				98			
49						/				99			
50						/				100			
TOTAL IND.	7		3							TOTAL IND.			
TOTAL DEP.		7	3								7	3	
TOTAL CLAMS	18		19							TOTAL DEP.			
											18	19	

MISSING →